



Eighth District Electrical Benefit Fund



October 2026

To: Participants of the Eighth District Electrical Basic Benefit Fund

From: Board of Trustees, Eighth District Electrical Benefit Fund

Re: Basic Plan Dependent Open Enrollment

Dear Participants,

It is that time of the year during which you may enroll any eligible dependents (with proof of dependency) into the Eighth District Electrical Basic Benefit Fund (the “Fund”). The Fund provides for an annual Dependent Open Enrollment.

If you have an eligible dependent (such as a spouse or a child) that is not covered by the Eighth District Electrical Basic Benefit Fund, then you will be able to enroll that eligible dependent in November 2026 through December 15, 2026. The coverage for your eligible dependent(s) will begin January 1, 2027, provided that you have submitted all the required documentation to the Trust Fund Office, and you have paid any additional self-payments required for such coverage.

Please use the enclosed Dependent Add Form, which you must complete and return to the Trust Fund Office (with the required documents) to add your eligible Dependents. Enclosed are copies of the Plan’s Summaries of Benefits and Coverage. These summaries provide a comparison of the different medical benefits available to you and your eligible Dependents.

If you have any questions, please feel free to contact the Benefit Office at (844) 989-2321.



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DEPENDENT ADD FORM

CHECK ALL THAT APPLY: ☐ Adding Dependents

EMPLOYEE'S FULL NAME: _____ SSN: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ DATE OF BIRTH: _____

PHONE NUMBER (____) _____ GENDER: (Check One) Male _____ Female _____

NOTE: IF YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDENTS ARE ON MEDICARE, PLEASE INCLUDE A COPY OF YOUR MEDICARE CARD.

DEPENDENTS – (Including Spouse) ADDITIONAL FEE \$638.00/ MONTH

YOU MUST ATTACH A LEGAL DOCUMENTATION THAT APPLIES TO ADD YOUR DEPENDENTS:
Birth Certificate(s) for children, Marriage Certificate for spouse, Legal Adoption papers, Legal Guardianship papers

FULL NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I agree to notify the Trust Fund Office within 30 days of any changes to the above information. Further, I declare all the above information to be complete and correct. I understand that stating false or misleading information or the omission of material information could be grounds for denial of benefits.

PLEASE NOTE: Members currently enrolled under the Basic Plan are not eligible to add dependents, except for this open enrollment period. Contact the Trust Fund office if you have any questions at (844) 989-2321.

MEMBER SIGNATURE _____ DATE: _____

Physical Address: 4704 Harlan Street, Suite 104 • Denver, CO 80212
Physical Address: 5295 South Commerce Drive, Suite 220 • Murray, UT 84107
Mailing Address: P.O. Box 30751 • Salt Lake City, UT 84130
Toll Free: 844-989-2321
www.8thDistrictBenefits.org